

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

September 8, 2003

Application Type::

Utility

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title ::

EFFECT OF VITAMIN A GEL ON PARANASAL
SINUS MUCOSAL REGENERATION

Attorney Docket Number::

49321-102

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

Total Drawing Sheets::

7

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

No

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No

First Applicant Information

Applicant Authority Type::	Full authority
Primary Citizenship Country::	
Status::	Inventor
Given Name::	Mendy
Middle Name::	S.
Family Name::	Maccabee
Name Suffix::	
City of Residence::	
State or Province of Residence::	Oregon
Country of Residence::	US
Street of mailing address::	
City of mailing address::	Portland
State or Province of mailing address::	Oregon
Country of mailing address::	US
Postal or Zip Code of mailing address::	

Second Applicant Information

Applicant Authority Type::	Full Authority
Primary Citizenship Country::	
Status::	Inventor
Given Name::	Peter
Middle Name::	H.
Family Name::	Hwang
Name Suffix::	
City of Residence::	
State or Province of Residence::	Oregon

Country of Residence:: US
Street of mailing address::
City of mailing address::
State or Province of mailing address:: Oregon
Country of mailing address:: US
Postal or Zip Code of mailing address::

Third Applicant Information

Applicant Authority Type:: Full Authority
Primary Citizenship Country::
Status:: Inventor
Given Name:: Dennis
Middle Name:: R.
Family Name:: Trune
Name Suffix::
City of Residence::
State or Province of Residence:: Oregon
Country of Residence:: US
Street of mailing address::
City of mailing address:: Portland
State or Province of mailing address:: Oregon
Country of mailing address:: US
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: **22504**

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 206-628-7621

Fax Number: 206-628-7699

E-Mail address:: barrydavison@dwt.com

Representative Information

Representative Customer Number::		22504
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
	Ordinary	60/408,792	09/06/2002

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	